

**CERTIFICATE OF SERVICE**

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

ENDO Pharmaceuticals Inc.

Attn: Mitchell S. Kahan

6 Ram Ridge Road

Chestnut Ridge, NY 10977

ENDO Pharmaceuticals, Inc.

c/o Togut, Segal & Segal LLP

Attn: Neil Berger, Esq.

One Penn Plaza

New York, NY 10119

ENDO Pharmaceuticals Inc.

Attn: Mitchell S. Kahan

Post Office Box 80390

Wilmington, DE 19880-0026

ENDO Pharmaceuticals Inc.

Attn: Mitchell S Kahan

6 Ram Ridge Road

Chestnut Ridge, NY 10977

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Endo Pharmaceuticals Inc.

Attn: Blaise A. Coleman,

President and CEO

1400 Atwater Drive

Malvern, PA 19355

C T Corporation System, R/A for

ENDO Pharmaceuticals, Inc.

Corporation Trust Center

1209 Orange St

Wilmington, DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing  
Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
<p>1. Article Addressed to:</p> <p>Endo Pharmaceuticals Inc. Attn: Blaise A. Coleman, President and CEO 1400 Atwater Drive Malvern, PA 19355</p>		<p>B. Received by (Printed Name)</p> <p><i>Blaise A. Coleman</i></p>	<p>C. Date of Delivery</p> <p><i>2/7/22</i></p>
<p>2. Article Number (Transfer from service label)</p> <p><b>7017 2400 0000 3936 7227</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>2. Article Number (Transfer from service label)</p> <p><b>7017 2400 0000 3936 7210</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	